12040

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12040

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
STREET ADDRESS (If rural give location) Pocomoke City, Md.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) B. (Last) Byrd

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 23, 1954

5. SEX: M.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) --Infant
8. DATE OF BIRTH: Sept. 8, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 3 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Birdell Bishop
14. MOTHER'S MAIDEN NAME: Rose Lee Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Rose Lee Byrd Pocomoke Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X

IMMEDIATE CAUSE (A) Bronchopneumonia ?

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23 1954, to Dec 23, 1954, that I last saw the deceased alive on Dec 23, 1954, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE C. E. Cietchen M. D. ADDRESS Jean Church Md DATE SIGNED 12-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/24/54
NAME OF CEMETERY OR CREMATORY Girldtree Cemetery
LOCATION (City, town, or county) (State) Girldtree, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 29, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Roberts ADDRESS New Church Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

4094151376

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12041

12041 CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Thomas Cherry Sr.
4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 16-1888
9. AGE last birthday 66-8-3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Zadok H. Cherry Sr.
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Ethlyn R. Cherry, Snow Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) Acute Coronary Occlusion — 30 min.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardiovascular disease — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Premature Coronary Occlusion — 1951

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to Dec. 19, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 2:30A M, from the causes and on the date stated above.

SIGNATURE Joseph La Mar, M. D. ADDRESS Snow Hill DATE SIGNED 12-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Dec 21/54 NAME OF CEMETERY OR CREMATORY Whatcoat LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 21, 54 REGISTRAR'S SIGNATURE Elwyn E. Cooper 24. FUNERAL DIRECTOR Clay E. Timmis, ADDRESS Snow Hill, Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 28 1954
BUREAU V. S.

12042

12042

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 353

Item 18 FIAM G174 12-17-54 RES

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Bishop
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R1 - Route (State) 610 400 yard EAST of 113 U.S.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL - Bishop
STREET ADDRESS (If rural, give location) Hammond Bros Camp 610 State Route

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Story (Last) Claiborne (Alias Person)

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 10, 1916

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Chicken Factory

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Story

14. MOTHER'S MAIDEN NAME: Lizzie Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Hammond Bros Camp William Person R 1 Bishop Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Pulmonary atelectasis ?

		Interval Between Onset and Death
Immediate cause	(a) DUE TO Terminal Pneumonia Complication of Post Mortem	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Exhaustion of Alcoholism	
	(c) Acute Alcoholism	4 hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Townsend. Jr Ocean City M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Dec 5 54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	12-8-54	Evergreen Cem	Richmond Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-6-54	Mrs. Hilda Bordley mgr.	Booker M Tweed	Salisbury Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12043

12043 CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Ocean City
LENGTH OF STAY (in this place): Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - 304 Somerset St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural give location): 304 Somerset Street

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) James (Last) Dennis

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1877

9. AGE last birthday: about 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ice Plant

11. BIRTHPLACE (State or foreign country): near Ocean City, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 216-09-3248

17. INFORMANT & ADDRESS: Mrs. Alice V. Dennis, Ocean City, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a): Acute Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b): Hypertension.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1950 to 12-8-, 1954, that I last saw the deceased alive on 12-1-, 1954, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford E. Schott M.D. — ADDRESS: Berlin Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-12-'54 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 12/14/54 — REGISTRAR'S SIGNATURE: Helen F Hayward.

24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 324 E. Church St.

STEWART FUNERAL HOME Salisbury, Maryland

VS. A15

RECEIVED
DEC 20 1934
BUREAU V. S.

12044

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12044 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stockton

LENGTH OF STAY (in this place) 59 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Stockton Md - Rural

STREET ADDRESS (If rural, give location) 1/2 mi of Stockton George Island road

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Pruitt (Last) Hancock

4. DATE OF DEATH (Month) Dec (Day) 18, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Nov 28 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Severn Pruitt

14. MOTHER'S MAIDEN NAME: Nancy Paradise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Isabelle Pruitt Hancock Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 902.0

Immediate cause (a) Excessive Cold - due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Prolonged exposure to cold after falling out of bed

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Was a cripple from broken hip + Asthenia

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home R.F.D.

21c. (City or town) Stockton (County) Worcester (State) Md

21d. TIME OF INJURY (Month) Dec (Day) 18 (Year) 1954 (Hour) 2 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Fell out of bed or was a victim of cold

22. I hereby certify that I took charge of the remains described above, held on Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE N. E. Cartonier M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/22/54

NAME OF CEMETERY OR CREMATORY Gunby Presbyterian

LOCATION (City, town, or county) Stockton, Md. (State)

DATE REC'D BY LOCAL REG. Dec 23, 54

REGISTRAR'S SIGNATURE Elwyn E. Cooper

24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1BA - 5 - 53

RECEIVED
DEC 28 1954
BUREAU V. S.

12045 MARYLAND STATE DEPARTMENT OF HEALTH 12045

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stockton; LENGTH OF STAY (In this place) years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton; STREET ADDRESS (If rural, give location) John Wesley Tarr 2 miles S Stockton Md

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Benjamin (Last) Holland

4. DATE OF DEATH: (Month) Dec (Day) 3rd (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/17/1874

9. AGE: Last birthday 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Near Hall Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Holland

14. MOTHER'S MAIDEN NAME: Harriet (?) Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Adelia Hudson Daughter Berlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset and Death: week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arthritis Deformans

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Dr W. E. Watkins — ADDRESS: Dr Med Examiner Pocomoke City Md — DATE SIGNED: 12/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 6/54 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Princess Anne (State): Md

DATE REC'D BY LOCAL REGISTRAR: Dec 7, 54 — REGISTRAR'S SIGNATURE: Elwyn E. Cooper

24. FUNERAL DIRECTOR — ADDRESS: Evans Funeral Home Snow Hill Md

RECEIVED
DEC 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12046

12046

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin — LENGTH OF STAY (in this place) Most of life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Route #2	STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Merrill (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 12 - (Day) 13 - (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	A.A.	Widowed	About 1876	About 78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Berlin, Worcester Co., Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Merrill Jones, Sr.	Mary Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	No	None	Mrs. Lula Franklin, Berlin, Md. Rt. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic C.V.D. — 5 years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1954, to Dec 13, 1954, that I last saw the deceased alive on Dec 12, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE H J Howard Jr. (Degree or title) M.D. — ADDRESS Ocean City Md — DATE SIGNED Dec 15 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-15-'54	Evergreen Cemetery	Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-14-54	Helen F. Hayward	Mary A. Stewart	324 E. Church St., Salisbury, Md.

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12047

12047

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN
LENGTH OF STAY (In this place) 25 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN R F D
STREET ADDRESS (If rural give location) (LIBERTY TOWN)

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) NYAKAS

4. DATE OF DEATH: (Month) DEC (Day) 26 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: APRIL 21, 1880 | 9. AGE last birthday: 74 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): HUNGARY

12. CITIZEN OF WHAT COUNTRY? HUNGARY

13. FATHER'S NAME: ALEX OLHA

14. MOTHER'S MAIDEN NAME: ELIZABETH KISS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO | (If Yes, give war or dates of service) 0

16. SOCIAL SECURITY NO. NO

17. INFORMANT & ADDRESS. MR SOL KNAPP, BERLIN, MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute Generalized Peritonitis d/t	3 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Mechanical Bowel obstruction DUE TO	?
	(C) Probable Carcinoma Colon	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senility & Atherosclerosis	

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1954 to Dec. 26, 1954, that I last saw the deceased alive on Dec. 26, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb M.D. ADDRESS M. D. Berlin, Md. DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 12-28-54 | NAME OF CEMETERY OR CREMATORY RIVERSIDE | LOCATION (City, town, or county) (State) BERLIN MD

DATE REC'D BY LOCAL REGISTRAR 12/30/54 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR Purnell Burbage ADDRESS Berlin Md

12048

MARYLAND 12048

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) P. (Last) Ryan

4. DATE OF DEATH (Month) Dec. (Day) 22 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Dec. 29 1876

9. AGE Last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Bishopville

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William H. Collins

14. MOTHER'S MAIDEN NAME Catherine Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 578-48-1982

17. INFORMANT AND ADDRESS Hilda Bergey Bishopville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilated Heart (Focardia)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus, for (c) past 13 yrs.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 –, 1954, to Dec. 22, 1954 that I last saw the deceased alive on Dec 22, 1954, and that death occurred at 9.45 P. m., from the causes and on the date stated above.

SIGNATURE Chas R. Dorr (Degree or title) MD ADDRESS Berlin Md DATE SIGNED Dec 24-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 12-26-54

NAME OF CEMETERY OR CREMATORY Odd F.

LOCATION (City, town, or county) Bishopville (State) Md.

DATE REC'D BY LOCAL REG. 12-24-54

REGISTRAR'S SIGNATURE Hilda R. Bergey

24. FUNERAL DIRECTOR Peter Whaley ADDRESS Selbyville, Del.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12049

12049

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) Son (Last) Turner.

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1954

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): -
8. DATE OF BIRTH: 12/13/54
9. AGE last birthday: 1½ hrs — IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berlin, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Turner.
14. MOTHER'S MAIDEN NAME: Helen Frances Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X

Immediate cause (a) Pre-maturity (14 wks old)
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13, 1954, to 12/13, 1954, that I last saw the deceased alive on 12/13, 1954, and that death occurred at 6:4M 12/13/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Sworn N. Sully, Jr., M.D. ADDRESS Berlin DATE SIGNED 12/13/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) 12/13/54
DATE THEREOF
NAME OF CEMETERY OR CREMATORY AME Cemetery
LOCATION (City, town, or county) (State) Germantown - Berlin, Md

DATE REC'D BY LOCAL REGISTRAR 12-21-54
REGISTRAR'S SIGNATURE Helen F Hayward X
24. FUNERAL DIRECTOR Enoch Henry Sexton ADDRESS Berlin, Md

10V420116X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1954
BUREAU V. S.

12050

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12050

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree Rural #1
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree Rural #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) Ellen (Last) Young

4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 19-1875 | 9. AGE last birthday: 79-6-29 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Eastville Virginia | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Fustes | 14. MOTHER'S MAIDEN NAME: Jane Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr George R. Young, Girdletree Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.1	(A) Terminal Pneumonia	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Thrombosis	4 days
	DUE TO (C) Hypertensive Cardiovascular disease	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to Dec 18, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 7.10 A M, from the causes and on the date stated above.

SIGNATURE Paul Owen | ADDRESS Snow Hill Md | DATE SIGNED 12-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec. 20/54 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town or county) Parksley (State) Virginia

DATE REC'D BY LOCAL REGISTRAR Dec 20, 54 | REGISTRAR'S SIGNATURE Edwyn E. Cooper | 24. FUNERAL DIRECTOR Clay Timmins | ADDRESS Snow Hill, Md

RECEIVED
DEC 28 1954
BUREAU V. S.